



Membership Form

Business Name:	<input type="text"/>			
Fantasy Name:	<input type="text"/>			
Address:	<input type="text"/>	ZIP:	<input type="text"/>	
City:	<input type="text"/>	Country:	<input type="text"/>	
Phone:	<input type="text"/>	Website:	<input type="text"/>	
E-mail:	<input type="text"/>			
C.N.P.J:	<input type="text"/>			
Branches:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Location: <input type="text"/>	
A brief description of the company				
<input type="text"/>				
Areas of Interest:	<input type="checkbox"/> Exports	<input checked="" type="checkbox"/> Imports	<input type="checkbox"/> Tourism	<input checked="" type="checkbox"/> Culture
	<input type="checkbox"/> Politics	<input type="checkbox"/> Taxation	<input type="checkbox"/> Legislation	<input checked="" type="checkbox"/> Oil and Gas
Member of other chamber?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Which:	<input type="text"/>
How did you chamber?	<input type="text"/>			